



# APPLICATION FOR ADMISSION

*An enrollment fee of \$50 must accompany this form in order to hold the child's place. The deposit will be refunded if classes close prior to receipt.*

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_

Birthdate \_\_\_\_\_ Exact Age as of Aug. 1 \_\_\_\_\_

Home Address \_\_\_\_\_  
Street or PO Box City State Zip

Phone: \_\_\_\_\_ In Foster Care: Yes or No  
Main

**Mother's Name:** \_\_\_\_\_ **Day Phone:** \_\_\_\_\_

Address (if different from child) \_\_\_\_\_  
Street or PO Box City State Zip

Email \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Day Phone:** \_\_\_\_\_

Address (if different from child) \_\_\_\_\_  
Street or PO Box City State Zip

Email \_\_\_\_\_

**Emergency Contact** (in case either parent cannot be reached):

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Has your child previously attended a weekday ministry or program? \_\_\_\_\_

Where? \_\_\_\_\_

How did you discover TABERNACLE WEEKDAY? \_\_\_\_\_

Religious Affiliation \_\_\_\_\_ Church attending \_\_\_\_\_